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ABSTRACT

The first of a two-part radio transcript on emotionally disturbed children in mental institutions presents interviews with five institutionalized children and their doctors. Also described are classrooms at the Texas State Mental Hospital. Contents focus on the reasons for institutionalization, adjustment to treatment, and prognosis for leaving the institution. (CL)

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Program No. 130: "KIDS IN MENTAL INSTITUTIONS"
PART I
July 24, 1978

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on the
schools!

Options in Education **TRANSCRIPT:**

Program No. 130: "KIDS IN MENTAL INSTITUTIONS"
PART I
July 24, 1978

A co-production of
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KIDS IN MENTAL INSTITUTIONS
Part I

(Kids singing)

For he's a jolly good fellow
For he's a jolly good fellow
For he's a jolly good fellow
Which nobody can deny.
Which nobody can deny.
Which nobody can deny.
For he's a jolly good fellow
Which nobody can deny.

REINHARDT: The jolly good fellow's name is Dennis, and he's going home from the hospital. The rest of the kids decided to give him a going away party.

MERROW: But he's not leaving an ordinary hospital, and he hasn't just recovered from having his tonsils out or anything like that. Dennis is one of about seven million children under 19 years old in need of mental health care.

REINHARDT: He was much sicker than most of the seven million. Only about one percent, about 70,000, actually require hospitalization.

MERROW: Those 70,000 children stay in mental institutions for between two and three months, on the average. Then they go home, or to a substitute home; some kind of foster care or alternate residential care.

REINHARDT: Getting discharged may be determined not by the patient's health, we're told, but by the family's insurance coverage. Many policies for mental health care last only thirty days. The coverage expires; therefore, the patient is "cured."

MERROW: One third of the kids go back.

REINHARDT: Some kids never get out.

A CLASS OF AUTISTIC CHILDREN

(Children sing in the background)

TEACHER: If I tickle you, will you tickle me? Huh? ... Charlie, settle down. You can come back and visit with the man in just a minute.

MERROW: There are six kids and six counselors. One to one is the way that you work with autistic children?

TEACHER: Not usually. We try to keep them in a one to three ratio. This afternoon, some of the children are in elementary classes. Some of them are in different types of therapy. And this afternoon we happen to have two interns that are from the University of Texas that are here working with some of the kids.

MERROW: What's the purpose of being here, trying to get the kids to play?

TEACHER: Mostly, to try to develop interaction skills, to get the kids to respond to other people, to respond to sounds, to respond to music. A lot of the kids tend to like to withdraw by themselves. So they're just trying to get them interested. Also, to do some group activities. To get them to learn how to react in a group, how to hold hands in a group, or how to do different things in a group.

MERROW: Now, one of the children is trying to pull the hair of a counselor. How do you treat that? Do you pull her hair back again to teach her that she can't do it?

TEACHER: No, we just try to, try to hold her arms while she trying to do it, and try to reward her for good behavior when she doesn't do it. Trying

to remove her from the situation if she isn't able to handle the group situation then she may be placed in a chair, or something, by herself.

MERROW: These are not just autistic children. These are autistic children who have, who are also emotionally disturbed?

TEACHER: Right. And actually, I think only four of our children are labelled "autistic." They are autistic and autistic-like. They all have mental retardation and serious emotional problems as well.

MERROW: Now, these kids, I would guess, are from about age four to maybe age twelve?

TEACHER: Six is actually the smallest; they're very small. The youngest is six and the oldest is sixteen, or close to sixteen. He's going to turn 16 in a few months. The sixteen year-old isn't here right now. The higher level students in here that are doing well and have some language skills such as sign language go into a regular elementary class. And so they're not in here at this time; they're in another elementary class. As soon as they get enough skills to be able to sit in a seat, to ask for what they need, and have some basic academic skills, we'll move them into an elementary class. So that's why three of the children are not here right now, some of the older ones. Also, one girl's in speech therapy.

MERROW: These children -- what do they have to look forward to?

TEACHER: They will probably go from here into another institution. Hopefully, there'll be some type of group homes or some other type of thing available. But, few of them will be able to go home. They'll go into, possibly, state schools...

MERROW: By and large, these kids are going to be in institutions all their lives.

TEACHER: They'll be in institutions, and most of them require a very small ratio. That's why we find three is the most you can have in a group and do well with them. And some of them need one to one to really do well.

MERROW: It must be very frustrating for you to work with these kids.

TEACHER: Not really. It takes a special kind of teacher. I'd say that we -- the teacher turnover rate is higher here than in, probably, in our other programs. But, usually with a small ratio, and our teachers keep accurate graphs and everything so they can see the progress the kids make, it's usually pretty rewarding for them. 'Cause these kids do make a lot of progress when they come here. It isn't real fantastic progress, but if you're with them every day, it looks like it will be progress for them. A lot of them have been developing sign language. A lot of them have had no language at all, and they've started a sign language program this last year. And they're developing very quickly, learning to pick up signs and communicate, and that's really exciting for the teachers and for the kids.

One boy who's 14 has never communicated. He now has over 189 signs, and another one has up to 100 and is able to sign up to seven-word sentences for the time. And he's never communicated before. So, there's a lot of new developments and a lot of new things going on in autism right now that makes it exciting.

MERROW: But again, these are not just autistic kids. These are kids with more problems.

TEACHER: Right. They have a large variety. They're not just your classical autistic kids. They have a variety of problems.

CLASS: Bye-bye!

(Child tries to talk into the microphone)

REINHARDT: Those children are autistic, or nearly so, and have other emotional disturbances as well. They're in the children's unit of the Texas

State Mental Hospital in Austin. And, as you heard, they'll be institutionalized for the rest of their lives, in a state hospital or some other kind of facility. I'm Barbara Reinhardt.

MERROW: I'm John Merrow, and for the next two weeks on OPTIONS IN EDUCATION, we'll be reporting on children in mental institutions: how many, who they are, and how they're treated.

REINHARDT: The care that's available depends on where you live and how much money you can put up, either your own or your medical insurance.

MERROW: If you and your family are in a position to make a choice, here's what you have to choose from. First, the hospitals. There are 490 county, state and private hospitals that are specially set up for mental patients. In addition, many general hospitals have psychiatric wings, with beds for children.

REINHARDT: There are also 331 residential treatment centers which may be private or public. They're "centers," not hospitals, which means their approach differs from the psychiatric-medical approach used in mental hospitals.

MERROW: And there are over 500 community mental health centers, a few of which are set up for line-in, that is, in-patient care.

REINHARDT: Cliff House, a community mental health center in Dallas, Texas, is filled to capacity. Tony is one of the 15 boys and girl being treated there.

TONY

MERROW: Tell me about your mother and father.

TONY: I haven't got no daddy. I got a brother.

MERROW: You have one brother. And what's your name?

TONY: Tony.

MERROW: Tony. How old are you?

TONY: Seven. Yeah, no dad.

MERROW: Tell me about your mother.

TONY: Her fine.

MERROW: What does she do?

TONY: What?

MERROW: Does she work?

TONY: Yeah.

MERROW: At what?

TONY: What?

MERROW: What does your mother do? What kind of work?

TONY: (unintelligible) What?

MERROW: What? Want to sing a song? What song do you know? Do you know "My Grandfather's Clock..."

TONY: No.

MERROW: All right. Do you know "London Bridge is Falling Down..."

TONY: Yeah.

MERROW: Okay, sing it. "London Bridge is Falling Down..." (they sing together)... Hi, Tony.

TONY: Hi.

MERROW: Why are you here?

TONY: Have some problems.

MERROW: What are your problems?

TONY: Don't listen to my mom.

MERROW: You what?

TONY: Don't listen to my mom.

MERROW: You mean, you don't do what she tells you to do? Does your mother come to see you?

TONY: Yeah. Mamma visit, you know. And me be good.

MERROW: Do you like it here?

TONY: Yeah.

MERROW: You did you get a black eye?

TONY: What?

MERROW: How did you get a black eye. You've got a black eye right there.

TONY: You know Robby, Robby did it.

MERROW: He punched you? Oh.

TONY: What is these?

MERROW: That's a counter. Those are the numbers. When the tape goes around, that tells you how much has gone by. Can you count? Let's hear you count.

TONY: One, two, three, four, five, six, seven, eight, nine, ten, forty-one, forty-two, forty nine...

MERROW: Hm? Keep going.

TONY: One, two...

MERROW: No, what's that number? That's thirteen...

TONY: Fourteen, nineteen, seven, eight...

MERROW: No, that's eighteen...

TONY: Eighteen, nineteen, one, two...

MERROW: No, that's twenty; you've got a 20 over there

TONY: (continues to count) ... My mom got a baby, got a baby.

MERROW: How old's the baby?

TONY: I not know. Ask my mom.

MERROW: Do you like the baby?

TONY: Yeah. Some no.

MERROW: Sometimes you like him and sometimes you don't.

TONY: Yeah.

MERROW: Are there other babies in your family? Are there other children?

TONY: The baby, my mom, ... I haven't got no daddy.

MERROW: What happened to your daddy?

TONY: My momma got mad. She was fighting.

MERROW: So she told him to leave?

TONY: Yeah.

MERROW: Do you miss your daddy?

TONY: Yeah. We will see him sometime.

MERROW: Well, I hope you get to see him sometime.

TONY: Okay.

MERROW: Thank you, Tony.

TONY: Okay. What else you have? When you coming back?

MERROW: Could I come back?

TONY: Yeah.

MERROW: Thanks.

TONY: Okay.

TONY'S DOCTOR

CLARK: This little boy came to Cliff House approximately three and a half to four months ago. His mother, at the time of his initial admission, reported to us that if there's any complaints that he was uncontrollable in school, meaning by that that he was extremely disruptive in the classroom, a severe management problem...

MERROW: Tom Clark is a therapist and family counselor at Cliff House, the Dallas County home for mentally ill children. At Clark's home in Dallas, we talked about Tony. During our conversation, you'll hear Clark's own child in the background.

CLARK: ... His peer relationships were almost zero, and types of relationships he had were extremely destructive, meaning that he would set himself up for rejection by being either extremely argumentative, oppositional, or in some way or another eliciting his other kids in the neighborhood to, more or less, beat him up. And they pretty much obliged him; he was getting himself into lots of scrapes. On the surface, based on the initial evaluation, he appeared to us to be a very depressed little boy and a very angry little boy. And we collected a social history which indicated to us that he came from a family that was extremely dysfunctional, meaning very chaotic, was not providing what families should provide. It wasn't meeting his very basic needs.

She was providing shelter for the little boy. She was providing food. She was not providing adequate nurturing. She was not providing clear messages. The messages, probably, that he has received from his mom were probably very scattered. If she set a limit, it would be like, "You may not do that this time." Or, "if you're going to do it again, you're going to get blah-blah." And continue warning and warning and warning. But "blah-blah" never happened, or "blah-blah" might happen after every sixth warning, or just very randomly.

MERROW: Is there a pattern of child abuse?

CLARK: In this particular family? Probably; we suspect it, although there's no documented facts. We do know that there were several referrals to the Department of Human Resources for child abuse. There were bruises on his body, over I think 40 percent of his body. However, the mom did have an explanation for the bruises, saying that he would back into space heaters. He would fall down stairs. He would one way or another damage himself. Nobody actually saw her strike the child, and she did offer these explanations. But there is suspicion.

MERROW: What's his future likely to be?

CLARK: It's kind of difficult to say. If things go like we hope they might go, then he'll respond to therapy, which he has done. He is making use of the structure. He's making use of the support that we're giving him, the nurture that we're giving him. His ego strengths are being developed. Now, if that continues to go like it is now, the prospects grow increasingly better. The other big factor is whether or not his mom can make use of therapy. Now, in the past, she has not been super motivated. She's coming to us now because we told her that if she does not participate in the family program, if she does not participate in family therapy, then we simply have to discharge her little boy. Because her cooperation is essential.

MERROW: You haven't mentioned a father. The mother's not married.

CLARK: No, she's not. It's a single parent family, with just a mom.

EDDIE

MERROW: How old are you, Eddie?

EDDIE: Eleven.

MERROW: How long have you been here?

EDDIE: Three months.

MERROW: You were in school before that?

EDDIE: Mm-hm. Yeah.

MERROW: Tell me about yourself; tell me about your family.

EDDIE: My family's nice. And my school, my other school, was rotten. Three months ago, I went to Galloway. I went away three times from there.

MERROW: You ran away.

EDDIE: Mm-hm.

MERROW: Tell me, when you ran away, where did you go?

EDDIE: Going down two blocks from my place, going back.

MERROW: That's not very far to run.

EDDIE: Yeah. They start catching me, too.

MERROW: What were you running away from?

EDDIE: From kids.

MERROW: How come?

EDDIE: 'Cause they was making me angry.

MERROW: What were they doing to make you angry?

EDDIE: Call me names, throw
 MERROW: Tell me what names th
 EDDIE: Square. Called me re
 MERROW: But you're not retarded
 EDDIE: No I'm not.
 MERROW: I don't know if you're
 means. Is that bad?
 EDDIE: Yeah. It's that bad.
 MERROW: Tell me about your mother
 EDDIE: Used to be mean to me. T
 MERROW: Your mother and father?
 EDDIE: Uh-huh.
 MERROW: What were they doing?
 EDDIE: Sometimes, I get home, they
 hard, make me stand in the corner, make me sit.
 and scratching them. That's not no more. I do
 MERROW: Why would they do that to you
 EDDIE: 'Cause sometimes I wander off
 home from school. And other times I go to the pc
 MERROW: You mean, they were punishing
 EDDIE: Mm-hm. I can't understand the
 and the kids were picking on me there too. That's
 MERROW: Well, how about here? Do the kid
 EDDIE: No, they don't pick on me here.
 MERROW: Do you like it here?
 EDDIE: Yeah. I'm leaving on August the :
 MERROW: Where will you go?
 EDDIE: Go to my school.
 MERROW: To another school?
 EDDIE: Mm-hm.
 MERROW: Are you happy about leaving?
 EDDIE: No, not yet.
 MERROW: Well, maybe your next school will be a
 EDDIE: Yeah. They will be different kids. No
 be different.... I remember a long, long time ago I went
 Want to hear what I did to my teacher? I got kicked out.
 names. Hitting her and scratching her. And I had disaste:
 MERROW: What do you mean, a "disaster?"
 EDDIE: Tore up my whole classroom, one piece. :
 since I left.

EDDIE: Call me names, throwing rocks at me. And whole bunch.

MERROW: Tell me what names they called you.

EDDIE: Square. Called me retarded and all that.

MERROW: But you're not retarded.

EDDIE: No I'm not.

MERROW: I don't know if you're square. I don't know what square means. Is that bad?

EDDIE: Yeah. It's that bad.

MERROW: Tell me about your mother and father.

EDDIE: Used to be mean to me. They weren't nice to me.

MERROW: Your mother and father?

EDDIE: Uh-huh.

MERROW: What were they doing?

EDDIE: Sometimes, I get home, they start spanking me and all, real hard, make me stand in the corner, make me sit. Makes me start hitting them and scratching them. That's not no more. I don't do that no more.

MERROW: Why would they do that to you?

EDDIE: 'Cause sometimes I wander off. And sometimes I get sent home from school. And other times I go to the police station.

MERROW: You mean, they were punishing you?

EDDIE: Mm-hm. I can't understand the kids -- I went to Florida, and the kids were picking on me there too. That's why I decided to come here.

MERROW: Well, how about here? Do the kids pick on you here?

EDDIE: No, they don't pick on me here.

MERROW: Do you like it here?

EDDIE: Yeah. I'm leaving on August the 23rd.

MERROW: Where will you go?

EDDIE: Go to my school.

MERROW: To another school?

EDDIE: Mm-hm.

MERROW: Are you happy about leaving?

EDDIE: No, not yet.

MERROW: Well, maybe your next school will be as nice as this one.

EDDIE: Yeah. They will be different kids. Not like this. They'll be different.... I remember a long, long time ago I went here. It was in April. Want to hear what I did to my teacher? I got kicked out. I called her mean names. Hitting her and scratching her. And I had disaster in the room.

MERROW: What do you mean, a "disaster?"

EDDIE: Tore up my whole classroom, one piece. And it all fixed up since I left.

MERROW: What names did you call your teacher?

EDDIE: Square, screwball. I don't know, a whole bunch. I don't call her that no more. I hope not.

MERROW: Well, Eddie, thanks a lot for talking to me. Thanks very much.

EDDIE: Okay.

EDDIE'S DOCTOR

CLARK: This child came to us approximately three months ago. His parents, through the initial evaluation process, indicated to us that they thought his primary problems were extremely -- extreme difficulty in school, both academically and socially. He was considered an extreme management problem and he was failing academically. Every time he would enter a frustrating, stressful situation he would leave, just merely walk out of the room and wander around the classroom building, kind of aimlessly. Then several hours later, a teacher might run into him and ask him where he was supposed to be, and they'll redirect him back to his classroom.

MERROW: He'd also run away.

CLARK: Very frequently he would run away. And he would stay gone anywhere from a few hours to several days. Now, his other big problem is the fact that he'll set himself up like the other child I mentioned before. He was easily manipulated by his peers, and his peers would manipulate him into a lot of sexual acting out. The older boys in the neighborhood and in community parks, and what not, were getting him to take his clothes off, and he was involved in some oral sex with some of the older boys in the neighborhood. And he was in the process of trying to say, "Will you like me," and do anything that he could to gain acceptance by these other kids. It probably is important to mention, probably very important to mention, that he was involved in a very serious car accident when he was six years old, where he did receive some brain damage. And he is a child that is very marginal. Meaning on a psychological test for children, he would come out something like with an I.Q. of slightly below 60. Because of that, he is an easy victim.

MERROW: What's the prognosis, Tom? What's the hope for a child like that?

CLARK: In this particular case, he does have an extremely supportive family, which is going to increase his chances, having a quality life, by very much.

MERROW: Why is he here now?

CLARK: Because of the degree of the problems. And I think the parents just kind of came to their rope; they didn't know what else to do. And there was a lot of confusion in the early stages as to whether this child was emotionally disturbed or whether he was retarded. Which came first? Was his mental retardation causing the problems or was his emotional disturbance causing the problems? After his three or four months in Cliff House, it's pretty obvious to us that the "MR" problems probably came first. These other problems probably grew out of those "MR" problems.

MERROW: Does that matter? That sounds so chicken and egg.

CLARK: Yeah, that matters pretty significantly. If you're brain damaged and you're mainly retarded, to a large degree, it kind of limits you in what you can do. You have, kind of, less clay to work with. If you're emotionally disturbed, then your I.Q. and your intellectual intelligence is going to be as normal as anybody else's. Now, we can help this little boy feel better about himself, increase his self-esteem. And we can stimulate him intellectually. But he's going to peak, and he's going to top out, probably. And there's not a whole bunch anybody can do about that.

LISA

LISA: I'm Lisa and I'm nine years old.

MERROW: How long have you been in this hospital, or this place?

LISA: About four weeks.

MERROW: Where's your family? Where do they live now?

LISA: My real family? They live -- I don't know. They live -- I was in about fifteen or sixteen foster homes.

MERROW: So, you're not sure where your real family --

LISA: No.

MERROW: Have you been -- have you been adopted?

LISA: Yes.

MERROW: Why are you here now? Why aren't you with them?

LISA: Well, because I had a lot of troubles, and my mother couldn't take care of me 'cause they were going on a trip and they didn't want to have to do a lot of trouble with me.

MERROW: Now, that's two different reasons you said. One is you had a lot of troubles, and the other is they wanted to go on a trip. Let's talk about "they wanted to go on a trip." Where did they want to go?

LISA: They were going to England, Scotland, and Ireland.

MERROW: Are they still there now?

LISA: They just got to England, I think, 'cause I just got a letter from them yesterday.

MERROW: And they didn't want to take you with them.

LISA: No. 'Cause they didn't want to have a lot of trouble on their hands.

MERROW: Aha! You're a lot of trouble.

LISA: Uh-huh.

MERROW: Okay, now let's talk about the first thing. You were causing a lot of troubles. Tell me about that.

LISA: Well, sometimes in school I wouldn't mind my teacher. And math was my hardest subject.

MERROW: Those were your troubles? Math and not minding your teacher? Now, wait a minute. You're not telling me everything.

LISA: And also, I wouldn't behave with my mother. Like, I wouldn't get up in the morning, and I would not even eat breakfast. And I wouldn't wear pants and stuff like she told me. And I always fought a lot.

MERROW: What's the worst thing you did?

LISA: Scratched.

LISA: Scratched. Uh-huh. Scratched.

MERROW: Who'd you scratch?

LISA: My mother.

MERROW: But that was the worst thing you did, you think, the

scratching. Did you really scratch?

LISA: Sure I did! I went "kkkk" right on her.

MERROW: What did she do?

LISA: She chopped my nails off.

MERROW: Did she spank you?

LISA: No. They have never spanked me. They told me they wouldn't and they kept their word, so far. What are you going to do with all this?

MERROW: Make it into a radio program.

LISA: Oh, my Lord! You're going to put it on the radio? Oh, my Lord! Why are you going to put it on the radio?

MERROW: You'd like to put it on the radio. I think you'd kind of like to be an actress.

LISA: Yeah. My uncle Tom is. He's an actor. But why do you want to put this on the radio?

MERROW: So people can hear how you scratch.

LISA: Oo, yuk! Um, don't put it on AM; put it on FM.

MERROW: Why?

LISA: 'Cause we usually don't even listen to FM. We only listen to AM.

MERROW: Okay, fair enough.

LISA: Okay. (Laughs)

MERROW: Now tell me about the foster homes you were in. How many you said?

LISA: Fifteen or sixteen.

MERROW: You don't know which? You lost count?

LISA: No. I don't know. I don't even know if I was in thirteen or fourteen. I'm not sure.

MERROW: Tell me about one of them.

LISA: Well one of them, it had a great big house, four story house. And it was real nice. And they had a little boy, and -- this is my first house, remember -- and I thought that they were going to adopt me. But my mother wouldn't let them.

MERROW: Wait a minute. What do you mean, your mother wouldn't let them?

LISA: My real real mother. She told them that they couldn't adopt me, so I went on to more and more and more.

MERROW: Why did your mother put you in there in the first place?

LISA: Well, 'cause she got married real young, and she couldn't take care of me, and stuff. She couldn't take care of me.

MERROW: Do you think she was going to come back for you?

LISA: Oh, she wouldn't come back for me.

MERROW: Tell me about the other foster homes.

LISA: Well, the second one wasn't very nice. Well, what I mean by not very nice is like when I was sick they'd make me stay up anyway; they wouldn't let me go to bed. And even when I was tired, they'd let me stay up as much as I want. And when I tried to go to bed they'd still keep me up. And they sometimes didn't keep their word. And that's the second one. And I don't know what happened at the third one.

MERROW: How about the fourth one or the fifth one?

LISA: No.

MERROW: You don't remember any of the others?

LISA: Uh-uh. But there is one family that -- the Hendersons -- I can't remember. But, they were real nice people. The Hammersons or Hendersons, I can't remember. But they were real nice people.

MERROW: Who were they? Were they in one of the foster homes?

LISA: Uh-huh. They were real nice.

MERROW: Why did you leave that foster home?

LISA: Well, my mother didn't like them. I don't know why she didn't like them. But they couldn't adopt me, so I went on to the next one. I don't know what number the what-ever-their-names were. I can't remember.

MERROW: Are you angry that your new parents have left you when they went off to England?

LISA: A little bit. 'Cause I wanted to go. I've never seen the Queen. They wanted to take me with them, but they couldn't.

MERROW: Now, I thought you said earlier they didn't want to take you 'cause you'd cause trouble.

LISA: Yeah, that's right. 'Cause I had caused a lot of trouble when I was a little girl, and I never learned anything much.

MERROW: What do you mean, "when you were a little girl." You're still a little girl. You're only nine years old.

LISA: I mean like when I was born, and all that stuff. Before I became nine.

MERROW: What didn't you learn?

LISA: Well, I didn't learn the limits. They didn't have limits in the foster homes. But now they do have limits. And I didn't learn limits when I was a little girl.

MERROW: So you grew up thinking you could do whatever you wanted to do?

LISA: Yeah. 'Cause that's what they let me do.

MERROW: I'll bet they don't do that here.

LISA: No, they don't. They don't. They make me go to bed at 9:15, take a bath a day.

MERROW: How awful!

LISA: I know.

MERROW: You watch much TV?

LISA: Oh! Now, at home I couldn't watch very much, but now every day you get to watch.

MERROW: What do you like to watch?

LISA: Cartoons, Batman, Dusty's Treehouse, and Superman and all that stuff. Just little kid stuff.

MERROW: Okay, let me give you a spelling test. How do you spell "cereal?"

LISA: Cereal. S-E-I-A-L-A.

MERROW: How do you spell "sugar?"

LISA: Sugar. S-H-U-G-E-R.

MERROW: How do you spell "couch?"

LISA: Oo! Couch. C-. No. K-A-O-W-C-H.

MERROW: How do you spell "soda?"

LISA: S-O-A-D.

MERROW: Do you go to school here?

LISA: Yeah. I have math class, reading class, and art class on Thursdays. And science class.

MERROW: Do you have school during the summer too?

LISA: This is summer.

MERROW: You're right.

LISA: You don't know your seasons yet.

MERROW: Thanks, Lisa.

LISA: Okay.

LISA'S DOCTOR

CLARK: This little girl has been in residence less than a month. She came to us from the Department of Human Resources, Protective Services, and her foster parents. Her presenting complaints at her time of admission was, again, acting out behaviors in school and at home. In school, she was considered a management problem. At home, she was not following any of the parents' directions or limits. They felt that they had tried everything that they could with her with looking for something else. After evaluating her and listening to the history, we felt that she was a little girl that, in all probability, missed out on basic trust, which you should develop at around age two. She has a rather significant and complicated social history.

MERROW: She's been in a number of foster homes, somewhere between thirteen and sixteen?

CLARK: This is true. She was abandoned before she was two years old by her natural parents to other relatives. The other relatives, in turn, gave her to friends, who in turn gave her to other friends, who in turn left her on somebody's doorstep who then gave her to the Department of Human Resources. She is a very sexually active little girl. One of the primary concerns of her foster parents and the Department of Human Resources is the fact that she's extremely seductive, and she was being quite successful with her seduction. She was involved in lots of sexual acting out with the neighborhood boys. She would go to school without any underwear on, with dresses, and get into doing a lot of cartwheels. She would go so far as even removing her clothes at school.

MERROW: So she missed out on a kind of basic nurturing, being passed from group to group, from relatives, to foster home; and so on. And now she's acting out looking for that kind of affection.

CLARK: In a very inappropriate way. That's exactly what she's doing. Unfortunately, though, she's built up an awfully lot of defenses over the years, which makes her a very calloused little girl. When she's in a situation where she's receiving nurturance, her tendency is to reject it, to push it off, to back away, to say, "You can't touch me; I'm not going to touch you; I can't touch you; I don't know how to touch you; and when you touch me, it frightens me." Her trust of the world is very, very poor.

MERROW: What's the future, you know, what's the prognosis for that little girl?

CLARK: Not good. Not very good. She is, you know, like you mentioned earlier, nine years old. There's a lot of water under the bridge. Whether or not you could take a nine-year-old, or we could take a nine-year-old and develop basic trust, when it should have been developed at one, two years old, is not really known. In other cases in the past, the prognosis is not good with kids like these. Lots of these little girls grow up; they'll, many of them wander into prostitution. Others seek out other inadequate people, or other inadequate personalities. They'll marry; they'll go into what Margaret Mead calls "serial marriages," one right after the other, none of them very satisfactory, none of them really meeting their needs. They're ability to have a family, to provide nurturing for their children is not very good. But, invariably, they will have children. And, in many cases, they're just going to perpetuate the cycle. They don't provide nurturing for their children. Then they get 12 years old and they bring them to us.

MERROW: Tom, you've got 15 children in Cliff House. How many kids are there in Dallas County who need the kind of services you're trying to provide?

CLARK: Mm, gee. Probably fifteen or twenty thousand. Dallas is a very big city, and unfortunately there's just not a whole lot of facilities around for children. Many of the children that need treatment don't receive it, not because services aren't available, but because parents fail to recognize the need. They are not motivated to bring the children in. Schools tend to hold onto kids, or they'll make the referral and nothing happens. The vast majority of kids that can really make use of treatment never receive it.

* * *

REINHARDT: Tom Clark, a therapist and family counselor at Cliff House, a county mental home for children in Dallas, Texas. It's part of the community mental health center there, which means it's paid for in part by the county, in part by the state, and in part by the federal government.

MERROW: Those who can afford it pay \$55 a day for care at Cliff House but none of the kids now living there pays that much.

REINHARDT: For some kids, Cliff House is home, maybe the first real home they've ever had.

MERROW: Many of the people who work there believe that children's mental problems, by and large, are caused by family situations, situations so awful that "mental illness" results.

REINHARDT: They feel that there are thousands of children in equally bad homes, needing treatment and not getting it.

MERROW: And the Cliff House workers are trying to make up for that basic nurturing the children didn't get at home.

REINHARDT: Residential centers like Cliff House don't fit the popular stereotype of a mental institution. First of all, they're not hospitals.

MERROW: But there are mental hospitals for children, over 300 of them.

One of them is the Texas State hospital in Austin, one of eight in the state. That hospital has a separate building for children, and another one for adolescents.

REINHARDT: Hospitals are likely to use what are called psychotropic medicines -- Thorazine, Mellaril, Proloxin, Haldol, Navane, Moban.

MERROW: Earlier we talked about choices. Well, state mental hospitals are usually the last choice, the last resort, the place where a kid goes when there's no where else to go.

REINHARDT: That means that the state hospitals get the the toughest cases, or the poorest, or the unluckiest.

MERROW: That doesn't have to mean that the hospitals are snake pits, however. They're still supposed to have planned athletic activities for children, individually designed therapy programs, and, of course, some educational program -- that is, a school.

A VISIT TO A CLASSROOM

TEACHER: Now, where does the circle go? It will go on this one later. Okay, can you find another square in here? Has to look like this, the same. (to Merrow) Tom is sorting three shapes, squares, triangles, circles, onto different sizes of reels. And it's a pre-vocational test; we're training him for sheltered workshops later on. He'll be sixteen next spring, and he'll be having to leave here. So we're trying to get him trained. He's also learning sign languages which he works on in the morning. And he does pre-vocational tests in the afternoon. And right now his target behavior is doing in-seat, not getting out of his seat.

MERROW: How about this little boy?

TEACHER: This little girl...

MERROW: This little girl.

TEACHER: Uh-huh. She's also working on a pre-vocational test. She'll be 16 in November. And we're getting her trained for some sort of workshop. She's got very good in-seat behavior, and she works real independently. She'll finish a test, put it up, and go on to the next one. And she's also very motivated by food. She didn't have many behaviors that would interfere like so many of the other children do. Maybe some loud noises.

MERROW: How do you diagnosis her? What's her problem?

TEACHER: She has been diagnosed "autistic," and also she has a high degree of mental retardation. And probably a trainable level. But she's been learning sign language. She did a lot of -- her hands were very stiff and rigid and she did a lot of gestures with them. She couldn't really manipulate her hands as a sign to communicate. But from doing pre-voc activities where she developed her fine motors, she's really been able to learn sign and she can sign now. If we ask her what she wants to eat, she'll sign for us.

MERROW: I just got a cracker. Thank you.

CHILD: You're welcome.

TEACHER: (to child) Okay, can you sign what you want? Sign. How do you sign cracker?

CHILD: Cra-cker.

TEACHER: (to Merrow) When she signs, her voice is a lot more intelligible, so we're trying to get her to sign. The main goal, in fact, is to get her to communicate her needs through voice and signing. It just makes it a lot clearer.

CHILD: (in background) Big, little. Big, little.

MERROW: That's the elementary classroom. There are other classrooms here. In fact, there's a separate school building with a small gymnasium, an art room and a few other classrooms, including this one.

ANNOUNCER: (film, in progress) ...ex-President Calvin Coolidge had the rare exception. Will continued to prosper, despite the depression that suddenly gripped America...

MERROW: This is the junior high school classroom -- the girls' side. There are three girls here, and the teacher. They're supposedly watching a film biography of Will Rogers. One of them is asleep. One is drawing, sitting on the floor. One seems to be paying attention. It's purpose it entertainment, says the teacher.

ANNOUNCER: The carefree, rolling humor...

JAMES

JAMES: How would I describe myself? I don't know. I really don't know. Cool, I guess. Good looking.

MERROW: How about smart?

JAMES: Well, yeah. I have a pretty good I.Q.

MERROW: Why are you in here?

JAMES: Well, 'cause I started staying out late at night, and so my mother put me in here. Just staying out late and getting in trouble with the police. Riding my motor real loud down the street, and everything. Waking up people at 2:00. Just having a little fun.

MERROW: You mean you think you're just a normal sort of...

JAMES: Well there's nothing wrong with any of the kids in here, except maybe a couple. No, we got problems minding, that's all. And a lot of times we don't want to mind, that's all. And we have more nerve than the other kids do. Like if the teacher says, "Sit down in your seat," and we go -- we tell her off, you know what I mean? If we get mad at her.

MERROW: So, you're a trouble-maker?

JAMES: No, we're not trouble-makers. But we just don't mind and stuff. I don't know. That's what we're in here for. And if we don't mind right here, they throw us in Q.R., the Quiet Room, a place where you're by yourself. They take your shoes off, your watch, whatever you have on. They throw you in there.

MERROW: Are you mentally ill? Are you sick?

JAMES: Uh-uh. I'm not. It's just that -- I'm getting out pretty soon, three weeks. I've been here longer than any other person, except Randall and Larry.

MERROW: How long have you been here?

JAMES: About eight months and a half.

MERROW: That's a long time.

JAMES: That's not that long. Days pass here real quick. There's a lot of structure here and everything.

MERROW: Is it like being in jail?

JAMES: Yeah, it is. It feels like jail, 'cause you're locked up and everything. You have to ask to go to the restroom. And it's just no fun that way, you know what I mean? We go to bed at 9:00; we have late night on Friday night 'till 1:30, and if you don't earn that -- you got to be really good the whole week to earn that. Then we have Saturday late night 'till 10:00.

MERROW: Even if you're not sick, what kind of treatment are you getting?

JAMES: Therapy and stuff. See, I had problems with my mom and dad, minding them. See, so that's another reason I'm here. So, that's the treatment I'm getting.

MERROW: How about them? Do they get treatment too?

JAMES: Yeah, we both get treatment.

MERROW: You say nobody in here is sick, maybe one or two. But I've talked to kids who tried to kill themselves.

JAMES: Well, a lot of times, you know, they say they're going to kill themselves. A lot of kids do, say they're going to kill themselves, and stuff. But they never do. All the girls are really nuts over that, man. Over in "D" unit. They slit their wrists and stuff, and they threaten to kill themselves and stuff. And there's a thing over here -- it's not too cool -- it's called "suicide." And they stick you out there on the bed, you know, right by the office. And when you go on Q.R. and they fight you and they strip you to where you're naked. And you're in Q.R. for about an hour. Then when you come out, they give you back your clothes and stuff. But when you're in "suicide" they just take off your shoes, and your belt, and your watch, and anything you've got in your pockets, but they leave your clothes on.

MERROW: You know the system pretty well?

JAMES: Well, I've been here long enough. I should know it. I know all the rules and everything. I know how to get out of a lot of stuff and put the blame on other people, something real big.

MERROW: How do you do that?

JAMES: Well, let me make a situation. Like one day, I was in Q.R. and the kid put a little red mark on my arm. And, you know, he kicked me in the butt, and he swung a belt at me. So they put me in Q.R. 'cause they say I started it. And so, he says that he didn't do nothing at me. So, you know, where he hit me, it didn't leave a big red mark, so I got a pair of scissors and scraped my arm like he did hit me, and I got him in trouble too. So, I say if I'm going to get it, he's going to get it.

TEACHER: Okay, it's about ten after one, and swim class is just about ready to go, so it's time for James to come. Okay?

MERROW: Thanks, James.

JAMES: Well, I'll see you later. Bye folks!

THE FUTURE FOR THE KIDS

MERROW: Dr. Sutton, I want to talk about what happens to these children when they go back out into the normal world. You smile when I say "normal."

SUTTON: Mm-hm. The kids here call it the "outside world." And I don't think I've ever heard them call it "normal."

MERROW: Well, I won't call it that again. But, I'd like to know where those kids go to. Do they go to half-way houses or do they go back into their homes?

SUTTON: From this particular unit, about two-thirds of them go home. And so we have to have a fairly active patient-family therapy program. And the community centers also assist in this. The alternate care facilities are extremely limited. This is one of the great needs, particularly the variety of alternate care. Some children need what would be considered to be a good home. Someone who is there. Checks and makes sure that the things they need in school are available for them, that if they need to talk to someone, they're always there. And that they get fed, and all the usual things that parents do. Others

need 24-hour supervision. Unsupervised, they feel compelled to act out an impulse or two, which may not be very healthy for them or for others to do. So, a variety of alternate care facilities are needed, and this is something we don't have much of.

MERROW: I'll bet you could go to the man on the street and ask if they're in favor of alternate care, and they'd say, "Yes. But don't put it in my neighborhood."

SUTTON: Well, that seems to be true. Many think it would be wise to put them out someplace way in the country, not for their own children, but for other children. And, quite frankly, it's quite difficult to put a child out someplace in the country and get all of the kinds of assistance that child might need at any particular time.

MERROW: Why is that? Why are we normal people afraid of mental patients?

SUTTON: I think it's because of lack of knowledge of what is going on. Many people do not feel that they need to find out anything about this section of our society until it becomes part of their own family's concerns. And at first it's frightening to them, and then after a while they realize that if they had looked closely and knew more about it, they would have recognized that that was in their family for some period of time. If you take the ratio of one out of every ten as in need of some kind of psychiatric care, it would be a rare family indeed that didn't have a few people in need of psychiatric care.

MERROW: But aren't they dangerous? Aren't they a threat, if you have kids who've been in mental institutions living in your neighborhood? Or even adults living in your neighborhood? Isn't there somehow some threat to your own safety or to the safety of your children?

SUTTON: Well, in our follow-up studies, the results are sufficiently good that I would think that it would be a higher risk not to look and see if you need care than to have had the care given.

MERROW: We're safer with the ones who have had the care in our neighborhood, because they've had the care. Is that what you're saying?

SUTTON: Yes. Yes.

ALEX

ALEX: I'm Alex and I'm 15 years old.

MERROW: And you're about to go home.

ALEX: Yeah. In about three weeks.

MERROW: How long have you been here?

ALEX: I've been here for about four months. This is my fourth month now.

MERROW: Why are you here?

ALEX: Well, I had some troubles controlling my anger, and so they decided to send me here. And I've really gotten my act together, and I'm really glad I have because I'll be going home soon.

MERROW: What specific thing had you done? What got you into the hospital in the first place?

ALEX: Well, I had run away, and, you know, I had just got into a whole bunch of trouble. Normal kid stuff. Like -- well, I don't think that's normal -- but I broke into some houses, and I had gotten raped, and I tried killing myself, and all that. I just had a lot of problems going on through my head.

MERROW: You got raped? How did that happen?

ALEX: I was just asleep on the beach, and some guys came up and attacked me. Freaked my out.

MERROW: How about the suicide attempt?

ALEX: Yeah, that happened after that happened. And that's why I went into Bel Air General, 'cause I had kept on running away and I had tried to kill myself. And so my parents decided to send me there. That was the best thing for me. I thought it was too. I didn't particularly like it there, but I worked. And then they sent me to a half-way house and I still had a lot of anger built up in me, and I didn't know how to handle it. And so they sent me here, and now I know how to handle my anger. I'm going back home.

MERROW: How do you handle your anger?

ALEX: Well, first I think before I act. Then, I take time out if it gets any worse. And if it doesn't work, I talk to the person I'm angry about with.

MERROW: You mean, talk to him. Tell him why you're angry -- how you feel?

ALEX: Yeah. That's what I do. Gets pretty annoying around here sometimes. It happens a lot.

MERROW: Yeah, I watched you do that in the line while we were waiting to leave the lunchroom. You were angry, and Scott said, "Hey, try and be positive."

ALEX: Yeah, I know, I've tried. I really am trying now just to get out of here and never come back. At least have a good life after this.

MERROW: When you get out of here, will you go into a half-way house?

ALEX: When I get out of here, they're going to put me on furlough. Then I'm going to be at home for a couple of weeks. Then I'm going back to Grondo House. Then I'm going straight home from there, if I keep my act together, and I plan to.

MERROW: Now, you've said that a couple of times about keeping your act together. But part of it will depend on how the world outside treats you.

ALEX: Yeah, that's true. Except for, I'm just not going to let it get to me. If they want to be weird, they can be weird; I'm going to be normal.

MERROW: What do you expect? Do you think they're going to say, "Hey, crazy!" and that sort of thing?

ALEX: If anybody doesn't like me because I've been in a psych ward, no, I don't really think they're my friends. 'Cause I tell everybody about myself before I become their friends. You know, just to see what kind of people they are. And I've made a lot of friends, 'cause some of them understand the feelings a teenager goes through.

MERROW: Do you think you'll need psychiatric help a lot of times during your life?

ALEX: No. Like, when I get out of here and I go to Grondo, I may still have some family therapy after that, but I doubt I will have to go to any psychiatric hospital again.

MERROW: What's it been like in this one?

ALEX: Well, it's kind of hard to say because this place has helped me out a lot. But, I don't particularly like it here. I met some real neat people here. It's an okay place, but it's not some place where you'd want to stay for the rest of your life.

* * *

REINHARDT: With luck and a lot of understanding, Alex won't have to come back to the Texas State Mental Hospital in Austin, or to any other mental institution.

MERROW: But the odds aren't the best. About one third of those hospitalized once end up being hospitalized again.

REINHARDT: Why? Maybe because the mental institution is a better alternative, more hospitable than the reception that awaits ex-patients in the so-called "normal" world.

MERROW: The world doesn't make many concessions to former mental patients, although it is illegal to discriminate against them. Very few cities have enough beds in alternate-care residential homes. Austin, Texas, for example, needs 800 beds -- for adults and children -- and has about 30.

REINHARDT: We've spent this hour reporting on institutions for children. Next week, the older kids.

MERROW: Adolescence is a complicated time for any kid; much more so for mentally ill adolescents.

REINHARDT: And mentally ill adolescents are much tougher to handle than mentally ill children. That seems to mean less talk; more medication.

DOCTOR: We use Thorazine, Mellaril, Proloxin, Haldol, Navane, Moban..

REINHARDT: You can get the transcript of these two programs on "Children in Mental Institutions" for one dollar. Here's our address: National Public Radio -- Education, Washington, D.C. 20036.

MERROW: And the two cassettes are available too for ten dollars.

REINHARDT: And you can have a copy of our schedule free for the asking.

MERROW: Ask for programs 130 and 131, "Children in Mental Institutions."

* * *

CHILD: When are you coming back?

MERROW: Could I come back?

CHILD: Yeah.

MERROW: Thanks.

CHILD: Okay.

* * *

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REINHARDT: OPTIONS IN EDUCATION is written and produced by John Merrow. Assistant Producer is Natalie Iglitz. Production assistance by Lee Demsey. Technical assistance for this program by Dennis Herndon and Al Friedman. I'm Barbara Reinhardt.

MERROW: I'm John Merrow. And this is NPR, National Public Radio.